

**TRAC Meeting Minutes**  
Best Western Vista, Owyhee Room  
*February 12, 2004*

Attendees: Kay Chicoine, Steve Rich, Christian Gelok, Ginger Floerchinger-Franks, Leslie Tengelsen, Steve Millard, Dia Gainor, Barbara Freeman, Dick Schultz, Eric Blackstone, Bob Seehusen, and Murry Sturkie.

<b>TOPIC</b>	<b>DISCUSSION</b>	<b>OUTCOMES &amp; DECISIONS</b>
Welcome and Introductions	Dana Meyers excused.	
Review Minutes for 9/12/03		Minutes approved.
Review TRAC Legislative Progress Report	Condensed from first version for the Legislative report. Original and more detailed report is available upon request. Submitted by DHW to the heads of the Senate and House Legislative committees.	
Funding Issues	<p>Bob Seehusen shared his discussion with Senator Darrington. Seehusen asked for Darrington's guidance and counsel for the trauma registry project. Darrington agreed that dedicated funds might be necessary and he favored motor vehicle registration fees as a funding source over driver's license fees. Darrington reiterated that we want to keep to the original plan not to use general funds. But there are other sources.</p> <p>Schultz suggested that we have a better idea of the costs of the system before we ask for funding legislation.</p> <p>Gainor reported that there has been a \$1.25 fee on motor vehicle registrations since 1989. Of that amount \$.25 stays in the county and \$1 to the EMS Bureau. This amounts to about \$1.2 million a year.</p> <p>Schultz suggested redirecting fees that are not labeled for specific purposes by the legislation. There is an EMS training grant fund of \$250,000. This could be redirected to the trauma system.</p> <p>Seehusen suggested that before redirecting existing funds that TRAC study the impact to the agencies. How important would the trauma registry be to the local agencies vs. the current distribution of the grants?</p>	Next meeting discuss various funding scenarios.

	<p>Millard stated he also favored the motor vehicle registration fee because it is an annual fee and a larger amount.</p>	
<p>Status of Request for Information (RFI) to Vendors</p>	<p>Suggestions for the RFI:</p> <p>Include the data sets for the vendors.</p> <p>Questioned whether the 10,000 annual records is a good indicator. Seemed to be discrepancy in the estimates of trauma from the injury pyramid formula in the Legislative Report. The intent of the RFI is to give a large enough estimate that the system would be adequate to begin the project.</p> <p>Revise the goals section to show more specific outcomes. Be more descriptive about the process and areas of flexibility, functionality of repository and data entry options. Amplify the end product of linkage from various sources. Use graphics.</p> <p>Scope: Describe more of what we want the system to be rather than what we currently are using.</p> <p>Requested Information. Ask for specific states that are using their product. Ask them to describe the functionality of their system within the structure of our business requirements.</p> <p>Ask about training costs. Include all of the additional information in the initial distribution of the RFI.</p> <p>Add the Injury Prevention Program, IMA, to primary stakeholders and Division of Idaho Medicaid to other stakeholders in appendix 1. Is the terminology “stakeholders” what we’re looking for? Is “users” a better term? Specificity of a list of various stakeholders may not be necessary.</p> <p>Requested information section. Capability for differing levels of access using passwords.</p> <p>Schultz: Have we discussed with DHW ITSD? They assisted with the business requirements, but haven’t reviewed the RFI.</p> <p>Schultz stated he had concerns about a Website based access databases. Should we reconsider public access? Is it worth the extra investment? Should acknowledge that there are those who would desire reports. The Utah registry provides public access. Consistent with the statue that reports may be provided. Researchers</p>	

	<p>could make a request, but would not have direct access.</p> <p>Make clear that the data will be capable of analysis, but that the vendor would not provide the analysis service. Are we talking about built in analysis tools? How will the system generate reports?</p> <p>How are we choosing vendors? There are lists of known vendors. Also, the RFI will be put in the hands of other states' EMS trauma system coordinators to forward to known vendors in those states.</p> <p>Proposed issuance date is 2/23/04 with a closing date one month later. What's typical? Dick suggested 45 days from issue to closing date.</p> <p>Dick questioned how much data an individual EMS agency would be able to retrieve from the data linkage. Christian stated that it would be extremely difficult to use the aggregate and see a straight line to identify specific records.</p> <p>Schultz expressed concern about how the registry data would be used. Is one of the purposes of the registry to evaluate pre-hospital care and ultimate patient outcome? Concern is about making assumption and deductions from the aggregate data that might harm some of the stakeholders.</p> <p>Hospitals, EMS Bureau, or system manager would have the information. May compromise the confidentiality of the patient. The contributors to the database can retrieve aggregate information. De-identification has been a concern since the beginning of this project.</p> <p>Need to be able to assure confidentiality but still be able to do quality improvement. Does this matter belong in the RFI or is this for later discussion?</p> <p>This is an issue for later discussion and not a requirement of the RFI. Possibly for the RFP. Dia suggested that we discuss case scenarios in order to develop user rules at a later date.</p>	
Rule Promulgation Update	<p>Reviewed revised dates. Some dates on the timelines will not go forward without identifying funding. Dick discussed the timing of the funding and the Legislation. The RFP is probably scheduled too soon.</p> <p>Need to have a good idea of funding in the next six</p>	

	<p>months to bring the project together.</p> <p>Chicken or the egg – legislation or funding. Need legislation to proceed. Can we do anything with a system without the Rules? The statute requires participation.</p>	
Data Linkage Update	<p>John Cramer presented. Probabilistic data came into play because of the importance of HIPPA issues.</p> <p>Discussed the problem of multiple records for a single patient for a single event or multiple records for a single patient for multiple events.</p> <p>Able to match with 6,600 records with a trial linkage with EMS and Office of Highway Safety records. (87,369 EMS records and 66,411 OHS records). The trial went well.</p> <p>The more common data points are used, the stronger (more accurate) the linkage. The trial used 6 common data points.</p>	
Cost Estimate Data from Other States	<p>Utah uses fines on moving violations for 80% of their trauma registry budget. An attempt to legislate similar fees for EMS use in Idaho failed in a past legislature session.</p> <p>Dia has information about a federal grant that specifies data collection use that may be available.</p>	
Evaluation of Progress – Survey Tool	Surveys completed and collected.	
Agenda Items for Next Meeting	<p>RFI Results for system.</p> <p>Draft scope of work to identify staffing and workload.</p> <p>Detailed review of existing trauma registry systems in selected states.</p> <p>Estimates for operational Costs. Survey hospitals about data entry options.</p> <p>Estimate of system costs.</p> <p>Funding Source Selection and Strategies.</p>	
Meeting Dates		Friday, May 7, 2004
Other Business	Need to identify and discuss strategies for additional barriers that may occur as this project is launched.	

	<ul style="list-style-type: none"> <li>✓ Software compatibility. Import problems.</li> <li>✓ Compliance.</li> <li>✓ Submission Quality.</li> <li>✓ Training.</li> <li>✓ Firewalls with web based systems. Push and Pull.</li> <li>✓ Who has responsibility for getting the data into the system?</li> <li>✓ Updating system.</li> <li>✓ Hospital Costs</li> </ul>	
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